

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY US						RANCE COMPANY USE	
A1. Building Owner's Name  Tommy Britt  Policy Number:								
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  22 Cambridge Ave.  Company NAIC Number:							
City Gulfport				State Mississippi		ZIP Code 39507		
A3. Property Desc Parcel: 0910H-01-		nd Block Numbers, Tax	( Parce	l Number, Legal De	escription, etc.)			
A4. Building Use (	e.g., Resider	ntial, Non-Residential, A	Addition	, Accessory, etc.)	Residential			
A5. Latitude/Longi	tude: Lat. 3	0-14-17.94	Long	39-02-28.15	Horizontal Datum	n: NAD 1	927 X NAD 1983	
A6. Attach at least	2 photograp	hs of the building if the	Certific	cate is being used to	o obtain flood insura	ance.	50.000,135 10	
A7. Building Diagra	am Number	1a						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)	3	1,080 sq ft			22.7	
b) Number of	permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	rithin 1.0 foot above	adjacent gra	ade11	
c) Total net ar	ea of flood op	penings in A8.b1,4	08 8	sq in				
d) Engineered	flood openin	gs? Yes 🗵 No	)					
A9. For a building v	vith an attach	ned garage:						
a) Square foot	age of attach	ed garage936		sq ft				
b) Number of	permanent flo	ood openings in the atta	ached (	garage within 1.0 fo	ot above adjacent o	ırade	8	
		penings in A9.b 1,0		sg in				
d) Engineered				. 22				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30.						
A SUPERIOR DE LA CONTRACTOR DE LA CONTRA		CTION B – FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION		
B1. NFIP Communi City of Gulfport & 28		ommunity Number		B2. County Name Harrison County			B3. State Mississippi	
· ·		r			-		Mississippi	
B4. Map/Panel Number	84. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base							
28047C0268	G	06/16/2009	R 06/16	evised Date /2009	AE	15	od Depth)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes 🗵 No								
Designation D			BRS	☐ OPA		,		
	, <del>arthus an am an an</del>			terrore)				
							1	

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IMPORTANT: In these spaces, copy the corresponding information from Section	n A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a 22 Cambridge Ave.	and Box No.	Policy Number:
City State ZIP Cod	de	Company NAIC Number
Gulfport Mississippi 39507		
SECTION C – BUILDING ELEVATION INFORMATION	N (SURVEY RE	:QUIRED)
C1. Building elevations are based on: Construction Drawings* Building *A new Elevation Certificate will be required when construction of the building is		ction* X Finished Construction
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), Complete Items C2.a–h below according to the building diagram specified in Ite	, AR, AR/A, AR/	AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.
Benchmark Utilized: GPS DERIVED Vertical Datum: NAV	VD 1988	
Indicate elevation datum used for the elevations in items a) through h) below.		
☐ NGVD 1929 区 NAVD 1988 ☐ Other/Source:		
Datum used for building elevations must be the same as that used for the BFE.		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	11, 36	X feet  meters
b) Top of the next higher floor	21, 72	X feet meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	
d) Attached garage (top of slab)	11, 36	X feet meters
e) Lowest elevation of machinery or equipment servicing the building     (Describe type of equipment and location in Comments)	17, 29	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	9. 5	X feet meters
g) Highest adjacent (finished) grade next to building (HAG)	10. 75	X feet meters
b) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>10</u> , <u>91</u>	X feet meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHIT	TECT CERTIFI	CATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect I certify that the information on this Certificate represents my best efforts to interpret statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	ect authorized by	law to certify elevation information.
Were latitude and longitude in Section A provided by a licensed land surveyor?		Check here if attachments.
Certifier's Name License Number		
Jason P. Chiniche P.E. 19732		P. CHIA
Title Project Manager		PROFESSION FINGINEER
Company Name James J. Chiniche, P.A. INC.		Seal
Address 412 Hwy 90 Suite 2		Here 19732
	IP Code 9520	S OF MISS!
1 - / 1 /	elephone 228) 467-6755	
copy all pages of this Elevation Certificate and all attachments for (1) community official	al. (2) insurance a	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable) TBM - Sewer Man Hole at center of road North East Corner of Property		
Condensing Units 17.29 ft. Power Meter 17.29 ft.		

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 22 CAMBRIDGE AVE.	Policy Number:		
City GULFPORT	State MS	ZIP Code 39503	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT ELEVATION

Clear Photo One



Photo Two Caption SIDE ELEVATION

## **ELEVATION CERTIFICATE**

Continuation Page

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Photo Three

Photo Three Caption REAR ELEVATION

Clear Photo Three



Photo Four

Photo Four Caption RIGHT ELEVATION

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Photo One

Photo One Caption MECHANICAL PLATFORM

Clear Photo One



Photo Two

Photo Two Caption MECHANICAL PLATFORM

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Photo One

Photo One Caption TYP. FLOOD VENT DIMENSIONS 8X16 (LEFT SIDE FLOOD VENT 1)

Clear Photo One



Photo Two

Photo Two Caption TYPICAL FLOOD VENT DIMENSIONS 8X16 (LEFT SIDE FLOOD VENT 1)

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Continuation Page

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FPORT	State MS	ZIP Code 39503	Company NAIC Number
		et Address (including Apt., Unit, Suite, and/or Bldg. No.) or AMBRIDGE AVE.	State ZID Code

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Photo Three

Photo Three Caption LEFT SIDE FLOOD VENT 2

Clear Photo Three



Photo Four

Photo Four Caption LEFT SIDE FLOOD VENT 3

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Photo One

Photo One Caption LEFT SIDE FLOOD VENT 4

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE FLOOD VENT 5

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Continuation Page

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Photo Three

Photo Three Caption LEFT SIDE FLOOD VENT 6

Clear Photo Three



Photo Four Caption FRONT FLOOD VENT

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Continuation Page

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 FOR INSURANCE COMPANY USE

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 Policy Number:

 22 CAMBRIDGE AVE.
 State
 MS

 ZIP Code
 39503

 Company NAIC Number

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Photo Three

Photo Three Caption FRONT FLOOD VENT

Clear Photo Three



Photo Four

Photo Four Caption FRONT FLOOD VENT